SERIAL NO. CLAIM MULTIPLE DEPEN FILING DATE FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FO TO-875) **CLAIMS** AFTER AFTER AFTER AS FILED AS FILED AFTER. I"AMENDMENT 2 HAMENDMENT I"AMENDMENT 2 HAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>32</u> 91-49. TOTAL IND TOTAL DIE TOTAL DEF TOTAL TOTAL

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